

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	MA	4091	10/14
O.I.P.E. CLASSIFIER		49	11/19/99
FORMALITY REVIEW		71634	10/25/99

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Best Available Copy

Claim	Final	Original	Date
1	✓	✓	9/20/99
2	✓	✓	9/11/99
3	✓	✓	9/11/99
4	✓	✓	9/11/99
5	✓	✓	9/11/99
6	✓	✓	9/11/99
7	✓	✓	9/11/99
8	✓	✓	9/11/99
9	✓	✓	9/11/99
10	✓	✓	9/11/99
11	✓	✓	9/11/99
12	✓	✓	9/11/99
13	✓	✓	9/11/99
14	✓	✓	9/11/99
15	✓	✓	9/11/99
16	✓	✓	9/11/99
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18	✓	✓	9/11/99
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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